



**ARKANSAS INSURANCE DEPARTMENT  
ADMINISTRATION DIVISION  
1200 WEST 3<sup>RD</sup> STREET  
LITTLE ROCK, AR 72201  
PHONE: 501-371-2621; FAX: 501-371-2629**

## **REQUEST FOR SPEAKER**

The Arkansas Insurance Department frequently provides speakers on a variety of insurance issues. Please complete this form in its entirety so that Insurance Department staff may coordinate your needs with available resources. Return this form with a cover letter and proposed agenda to Ms. Seleta Yearian at the above address or via e-mail at [seleta.yearian@arkansas.gov](mailto:seleta.yearian@arkansas.gov) or fax to (501) 371-2629. Please note that later changes to the original request may affect speaker availability.

Sponsoring Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Alternate Date: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Location of Event: \_\_\_\_\_

**(Please provide written directions to location if outside the Little Rock area.)**

Event Site Phone: \_\_\_\_\_ Event Site Fax: \_\_\_\_\_

Speaker Requested: ☐ Commissioner ☐ AID Staff ☐ Specific Staff Member \_\_\_\_\_

Speech Format: ☐ Keynote ☐ Panel ☐ Other (details) \_\_\_\_\_

Speech Length: \_\_\_\_\_ If Q&A Follows, Length: \_\_\_\_\_

Speech Topic: \_\_\_\_\_

Approximate Audience Size: \_\_\_\_\_

Audience Composition: \_\_\_\_\_

Other Invited Guests: \_\_\_\_\_

Will you be requesting continuing education credit? ☐ Yes ☐ No Number of Hours: \_\_\_\_\_

**(Please contact Ms. Barbara Gordon in our License Division at 501-371-2752 for instructions on receiving CE credit.)**

If travel required, will ALL EXPENSES be covered by your group? ☐ Yes ☐ No

If partial expenses covered, which ones? ☐ Airfare ☐ Hotel ☐ Meals ☐ Taxi ☐ Tips ☐ Telephone

If event site is outside the Little Rock area and requires overnight accommodations, please suggest a hotel:

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_